2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N37792

FILED Oct 05, 2007 Secretary of State

Entity Name: CORAL CITY ELKS LODGE NO. 610 AND CORAL CITY TEMPLE NO. 400, IBPOE OF THE WORLD, INC.

Current Principal Place of Business: New Principal Place of Business:

1107 WHITEHEAD STREET KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

1107 WHITEHEAD STREET KEY WEST, FL 33040

FEI Number: 23-7173929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SULLIVAN, KENNETH M ER 1020 EMMA STREET 4C KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: KEN SULLIVAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition KEN, SULLIVAN Name: Name: 1020 EMMA STREET # 4C Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: Title: () Delete () Change () Addition ROBERTSON, DELORES Name: Name: Address: E23 11TH AVE. Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition CARLISS, PARKS SR Name: Name: Address: BERTHA STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: RST () Delete Title: () Change () Addition Name: MENITE, JAMES Name: Address: 711 CHAPMAN LN. Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: HCT () Delete Title: () Change () Addition KELLY, SAMUEL Name: Name: 208 TRUMAN AVE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition SULLIVAN, KEN M FS Name: Name: Address: 1107 WHITEHEAD STREET Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN SULLIVAN P 10/05/2007